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21567 -7590 10/18/2007

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(Depositor's name Tarvsha L. Bover (e-filed via PTO web-site) (Signature) (Date)

APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		CONFIRMATION NO.	
09/848,846 05/03/2001			Luan C. Tran		MI22-1689	1789	
TITLE OF INVENTION: SEMICONDUCTOR PROCESSING METHODS OF FORMING INTEGRATED CIRCUITRY							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUB	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/18/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SCHILLINGER, LAURA M		2813	438-194000	•			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the p	on the patent front page, list			
CFR 1305). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/(22) attached. X "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a 2				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents, If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ic)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Micron Technology, Inc,		Boise, ID					
						_	
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔘 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above						shown above)	
☑ Issue Fee			A check is enclosed.				
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Advance Order - 1	or Copies one (1)		☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _23_0925 (enclose an extra copy of this form).				
5. Change in Entity Sta			_				
a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.							
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Authorized Signature	San			Date /	1-9-08		

Typed or printed name _____ D. Brent Kenady Registration No. 40.045

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